



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: CAMERON MEMORIAL COMMUNITY HOSPITAL

City of Hospital: Angola

Year Begin: 10/01/2017 (mm/dd/yyyy format)

Year End: 09/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Wendy Stamper

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Medicare Provider Number: 15-1315

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$24193493
Outpatient Patient Service Revenue	\$119420918
Total Gross Patient Service Revenue	\$143614411

2. Deductions From Revenue

Contractual Allowance	\$73960150
Other Deductions	\$0
Total Deductions	\$73960150

3. Total Operating Revenue

Net Patient Service Revenue	\$69654261
Other Operating Revenue	\$2175935
Total Operating Revenue	\$71830196

4. Operating Expenses

Salaries and Wages	\$24070677	Employee Benefits	\$7650030
Depreciation and Amortization	\$6315636	Interest Expense	\$1633341
Bad Debt	\$6784213	Other Expenses	\$27850360
Total Operating Expenses	\$74304257		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2474061	Total Assets	\$89126093
Net Non-operating Gains over Loss	\$901650	Total Liabilities	\$89126093

Total Net Gains	\$-1572411
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$41607171	\$22923190	\$18683981
Medicaid	\$20448138	\$15665666	\$4782472
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$81559102	\$35371294	\$46187808
Total	\$143614411	\$73960150	\$69654261

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$165020	\$0	\$165020

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$22952	\$104497	\$-81545

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	236
Number of Citizens Exposed to Health Education Messages	1560

Statement Six: Charity Statement

Hospital Charity Charges	\$757534
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$337860	
HCI Payments	\$0		
Subtotal	\$0	\$337860	\$-337860
Medicaid Shortfalls	\$4782472	\$9119870	
Subtotal	\$4782472	\$9457730	\$-4675258
DSH Payments	\$0		
Subtotal	\$4782472	\$9457730	\$-4675258
Medicare Shortfalls	\$18683981	\$18556798	
Other Government Programs	\$0	\$0	
Total	\$23466453	\$28014528	\$-4548075

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$22952	\$104497	\$-81545
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$95026	\$-95026
Other Allocations	\$0	\$0	\$0

Comments

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